Substance Abuse and Crime Prevention Act
SACPA Reporting Information System

User Manual

Updated: August 28, 2003

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Appendix A:

Form ADP 100098

SACPA User Name Filing Instructions and Request Form

USER IDENTIFICATION REQUEST FORM
COUNTY REPORTING INFORMATION SYSTEM
SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000
Department of Alcohol and Drug Programs (ADP)
CONFIDENTIAL

1. **Select One:** Check the box for the type of action you are requesting. Complete one form for each action requested (i.e., Add User or Delete User).

2. **User County:** Enter the user's county.

3. **User County Agency:** Enter user county agency name.

4. **User Name:** Enter the name of the proposed or current user.

5. **SSN (Last 4 Digits Only):** Enter the last four digits of the user's social security number. This will be used to verify the user's identification.

6. **E-mail Address:** Enter the e-mail address of user.

7. **Phone #:** Enter the telephone number at which the user may be contacted.

8. **Fax:** Enter the facsimile number at which the user may be contacted.

9. **Mailing Address:** Enter the mailing address of the user.

10. **User Signature:** Self-explanatory.

11. **Date:** Date the user signs the request form.

12-17. **Authorized Certifying Official:** Enter name, signature, title, date of signature, county, and telephone number. The authorized certifying official is usually the person authorized by the Board of Supervisors or the county lead agency to submit the county plan.

18. **ADP Office of Criminal Justice Collaboration (OCJC) Approvals:** For OCJC use only.

19. **ADP Information Management Services Division (IMSD):** For IMSD use only.

Return completed form to:
FAX: (916) 324-3021
or
ADP Office of Criminal Justice Collaboration
1700 K Street
Sacramento, CA 95814

USER IDENTIFICATION REQUEST FORM
COUNTY REPORTING INFORMATION SYSTEM
SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS (ADP)
CONFIDENTIAL

Action		
1. Select one:	☐ Add User	☐ ? Delete User

User Identification		
2. User County:		
3. User County Agency:		
(Last)	(First)	(MI)
4. User Name:		
5. SSN (Last 4 Digits Only):	6. E-mail Address:	
7. Phone #:	8. Fax #:	
9. Mailing Address:		
10. User Signature_____ User authorization to create, edit, and update records.	11. Date_____	

Authorized Certifying Official	
12. Name:	13. Signature:
14. Title:	15. Date:
16. County:	17. Phone #:

DO NOT WRITE BELOW THIS LINE

18. **ADP Office of Criminal Justice Collaboration Approvals**	
Name:	Date: _____/____/_____
Signature:	

19. **ADP Information Management Services Division Use Only**		
User ID:	Completed By:	Date: _____/_____/_____

Form ADP 10098 Submit to the ADP Office of Criminal Justice Collaboration listed on the previous page.